

SUPPORTING DOCUMENTATION REQUIRED FOR CHANGE IN SCOPE OF SERVICE WORKSHEET

Supporting documentation must be submitted for each category and subcategory of expenses listed on Attachment A. The amounts reflected on the supporting documents should total to the amounts listed in each subcategory of expenses on the worksheet titled Attachment A. At a minimum, the supporting documentation should include the following:

- a. Facility Health Care Staff Costs – Provide a list of all new providers by category (i.e., physician, nurse etc.) including: name, hire date, annual, monthly or hourly salary and the employee benefits allocated or expensed for each new provider.
- b. Physician Services Under Agreement - Provide the detailed costs per the written agreements with either copies of invoices or vendor payment histories from the accounts payable subsystem for the prior period and current period.
- c. Other Health Care Costs – Provide the methodology and calculations for determining the increase in costs or cost allocations of subcategories of expenses like medical supplies. Provide both the invoice or accounts payable vendor payment history to support the initial purchases and the calculation for the allocation. Provide copies of fixed asset ledgers and depreciation schedules as supporting documents for the increases in depreciation expenses for medical equipment. Copies of invoices and/or vendor payment histories should be provided for subcategories of expenses like staff education and travel and should identify the employee.
- d. Facility Costs – Provide supporting documentation for each subcategory of expense such as fixed asset ledgers and depreciation schedules that clearly identify new equipment and/or fixtures; loan amortization schedules for building purchases and/or expansions; lease agreements for rental of space; invoices and or accounts payable vendor histories and allocation methodologies for costs such as housekeeping, maintenance and landscaping and copies of insurance policies/invoices to support increases in general liability insurance costs.
- e. Facility Overhead and Administrative Costs – Provide a list of all new office and administrative personnel including name, position, hire date, annual salary and the employee benefits allocated. If existing administrative personnel received salary increases for increased responsibilities associated with the change in scope of services the salary increases may be included as incremental costs if the date and amount of the increase is provided as supporting documentation. Provide copies of invoices and or vendor payment histories as supporting documentation for costs such as staff education and training that includes the name of the employee.

Name of FQHC/RHC		From: _____	To: _____
Costs Incurred for the Period			
Description of Change in Scope of Services			
a. Facility Health Care Staff Costs (include employee benefits)			
1) Physician	\$	-	
2) Dentist/Oral Surgeon	\$	-	
3) Physician Assistant	\$	-	
4) Nurse Practitioner	\$	-	
5) Nurse Midwife	\$	-	
6) Other Nurse	\$	-	
7) Clinical Psychologist	\$	-	
8) Clinical Social Worker	\$	-	
9) Laboratory Technician	\$	-	
10) Other Health Care Provider (provide detail)	\$	-	
Subtotal Facility Health Care Staff Costs	\$	-	
b. Services Under Agreement (provide detail)			
	\$	-	
c. Other Health Care Costs			
1) Medical Supplies	\$	-	
2) Transportation	\$	-	
3) Depreciation - Medical Equipment	\$	-	
4) Minor Medical Equipment (noncapital)	\$	-	
5) Rental of Medical Equipment	\$	-	
6) Repairs and Maintenance Medical Equipment	\$	-	
7) Purchased Services	\$	-	
8) Staff Education and Transportation	\$	-	
9) Medical License Fees, Dues	\$	-	
10) Other Health Care Costs (provide detail)	\$	-	
Subtotal Other Health Care Costs	\$	-	
Total Cost of Services	\$	-	
d. Facility Costs			
1) Rent	\$	-	
2) Insurance	\$	-	
3) Interest on Mortgage and Loans	\$	-	
4) Utilities	\$	-	
5) Depreciation - Buildings and Fixtures	\$	-	
6) Depreciation - Equipment	\$	-	
7) Minor Equipment (non capital)	\$	-	
8) Housekeeping/Maintenance/Landscaping	\$	-	
9) Security	\$	-	
10) Other Purchased Services	\$	-	
11) Other Facility Costs (provide detail)	\$	-	
Subtotal Facility Costs	\$	-	
e. Facility Overhead and Administrative Costs			
1) Office Salaries (include employee benefits)	\$	-	
2) Depreciation - Office Equipment	\$	-	
3) Minor Equipment (noncapital)	\$	-	
4) Office Supplies	\$	-	
5) Equipment Maintenance	\$	-	
6) Professional Fees (Accounting, Legal)	\$	-	
7) Administrative Dues and Subscriptions	\$	-	
8) Administrative Travel	\$	-	
9) Seminars/Training	\$	-	
10) Other Overhead and Administrative Costs (provide detail)	\$	-	
Subtotal Other Overhead and Administrative Costs	\$	-	
Total Facility and Overhead Costs	\$	-	
Total Allowable FQHC Costs	\$	-	

<i>FQHC/RHC</i>		
<i>Name and Title of Person Preparing Request</i>		
<i>Signature and Date</i>		
<i>Signature and Date of CEO/Administrator of FQHC/RHC</i>		
Change in Scope of Services Summary Worksheet		
Subtotal Facility Health Care Staff Costs	\$	-
Services Under Agreement	\$	-
Subtotal Other Health Care Costs	\$	-
Subtotal Facility Costs	\$	-
Subtotal Other Overhead and Administrative Costs	\$	-
Total Incr./Decr. in Costs - Scope of Service Change	\$	-
Medicaid Visits (applicable to the change in scope)		-
Total Visits (applicable to the change in scope)		-
Total Health Center Visits		-
Expense Per Visit <small>(Total Incremental Costs divided by Site Visits)</small>	\$	-
BIPA Rate Inflated by Medicare Economic Index (MEI)	\$	-
Amount of Expense Per Visit Above/(Below) BIPA Rate	\$	-
Impact on Current PPS Rate <small>(Number of Total Visits times BIPA Rate Difference)</small>	\$	-
Total Visits <small>(Total Visits both Medicaid and Non - Medicaid for all sites)</small>		-
Change in Scope Cost Per Visit <small>(Impact on Current PPS Rate divided by Total Visits)</small>	\$	-
As a Percentage of BIPA Rate <small>(Change in Scope Cost per Visit divided by BIPA Rate Inflated by MEI)</small>		0.00%